



## Certificate of Express Mailing

"Express Mail" Mailing Label Number: EM049284679US

Date of Deposit: 12/05/2007

Ref: Case Docket No.: P3351C1

First Named Inventor: Igor Neyman

Serial Number: 10/812,610

Filing Date: 03/29/2004

Title of Case: Intelligent Packet Network Telephony

I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Alexandria, VA 22313-1450

1. Response A.
2. Amendment transmittal.
3. Duplicate Amendment transmittal.
4. Petition For Extension of Time
5. Terminal Disclaimer.
6. Check for fees in the amount of \$590.00 (460/Ext.;130/TD).
7. Certificate of express mailing.
8. Postcard listing contents.

Sheri Beasley

(Typed or printed name of person mailing paper or fee)

*Sheri Beasley*  
(Signature of person mailing papers or fee)

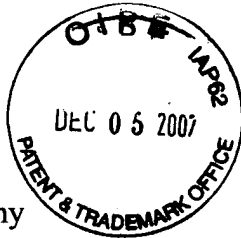
Method of Transmission: EM049284679US

CASE DOCKET NO. P3351C1

In reference to application of Igor Neyman

Serial No. 10/812,610

For Intelligent Packet Network Telephony



Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☐ No additional fee is required.  
☐ Applicant claims Small entity status under 37 CFR 1.27.  
☒ The fee has been calculated as shown below.

\*\*\*\* CLAIMS AS AMENDED \*\*\*\*

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	18	Minus	** 20	0	\$ 25	\$ 50	\$ 0.00
Indep Claims	3	Minus	*** 3	0	\$ 100	\$ 200	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input checked="" type="checkbox"/> Terminal Disclaimer Fees							\$ 130.00
Extension Fee	<input type="checkbox"/> 1st Month		<input checked="" type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 460.00
Total additional for claims, time extensions and disclaimer fees							\$ 590.00

\*\* If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\*\* If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

\*\*\*\* Multiple dependencies, if any, included in the above calculation.

\* If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

☒ A check in the amount of 590.00 is attached.

☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)

☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.

Respectfully Submitted, /Donald R. Boys/

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